

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33602

1. PLACE OF DEATH,
57 County Lincoln Registration District No. 492
Township monroe Primary Registration District No. 592
City St. Louis (No. 592 St. St. Louis Ward 1)

2. FULL NAME Sebastian Krieg
(a) Residence, No. St. Louis Ward 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sophia B. Krieg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1859

7. AGE YEARS 74 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Charles Krieg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Farmer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Sophia B. Krieg (ADDRESS) Monroeville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Prairie DATE Oct. 29, 1933

19. UNDERTAKER David L. Farbusch (ADDRESS) Winfield, Mo.

20. FILED 10/29, 1933 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932, to Oct. 26, 1933
I last saw him/her on Oct. 26, 1933. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
70 A
97
Other contributory causes of importance:
Arteriosclerosis
of several years standing
Name of operation Physician Date of Dec.
What test confirmed diagnosis Physician Has there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) E. A. Kline M. D.
(Address) Ray, Missouri

